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PATENT TRADEMARK OFFICE

Docket No.: 2649/1F631US1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gera M. Strommer and Uzi Eichler

Serial No.: 09/782,528

Filed: February 13, 2001

Examiner: N/A

For: MEDICAL IMAGING AND NAVIGATION

REQUEST FOR CORRECTED FILING RECEIPT

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Attn.: Application Processing Division
Customer Correction Branch

Sir:

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

☒ incorrectly entered

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Receipt
#5/Status
Letter
3-26-02
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ERROR IN**CORRECT DATA**

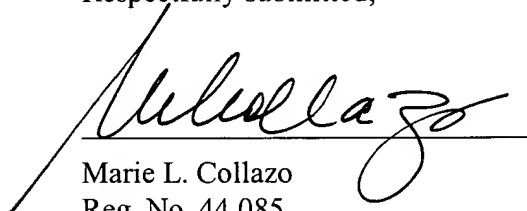
- ☒ Applicant's name
☐ Applicant's address
☐ Title
☐ Filing Date
☐ Application Number
☐ Foreign/PCT Application Re:
☐ Other

Uzi Eichler

The Patent Office is respectfully requested to issue a new and correct Filing Receipt.

Dated: March 12, 2002

Respectfully submitted,



Marie L. Collazo
Reg. No. 44,085
Agent for Applicant(s)

DARBY & DARBY P.C.
805 Third Avenue
New York, New York 10022
212-527-7700

Docket No. 2649/1F631US1



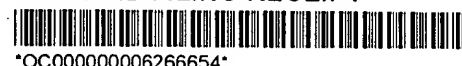
UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/782,528 ✓	02/13/2001	3737	2862	2649/1F631US1 ✓	16	119	6

CONFIRMATION NO. 7543

UPDATED FILING RECEIPT



OC00000006266654

DARBY & DARBY P.C.
805 Third Avenue
New York, NY 10022

Date Mailed: 07/06/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Gera M. Strommer, Haifa, ISRAEL;
Uzi Eicher, Haifa, ISRAEL;

Assignment For Published Patent Application

MEDIGUIDE LTD;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/314,474 05/18/1999 PAT 6,233,476

Foreign Applications

If Required, Foreign Filing License Granted 05/18/2001

Projected Publication Date: 10/18/2001

Non-Publication Request: No

Early Publication Request: No

Title

Medical imaging and navigation system

Preliminary Class

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Data entry by : CHRISTIAN, HAIMANOT

Team : OIPE

Date: 07/06/2001



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Bib Data Sheet

CONFIRMATION NO. 7543

SERIAL NUMBER 09/782,528	FILING DATE 02/13/2001 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 2649/1F631US1	
APPLICANTS Gera M. Strommer, Haifa, ISRAEL; Uzi Eichler, Haifa, ISRAEL;					
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/314,474 05/18/1999 PAT 6,233,476					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/18/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 16	TOTAL CLAIMS 119	INDEPENDENT CLAIMS 6
ADDRESS DARBY & DARBY P.C 805 Third Avenue New York ,NY 10022					
TITLE Medical imaging and navigation system					
FILING FEE RECEIVED 2862	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		